



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - DME

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
E0100	CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP	\$20.75	\$20.75	5/1/2004
E0105	CANE, QUAD OR THREE PRONG, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR	\$49.11	\$49.11	5/1/2004
E0110	CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED,	\$65.95	\$65.95	5/1/2004
E0111	CRUTCH FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED,	\$45.27	\$45.27	5/1/2004
E0112	CRUTCHES UNDERARM, WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND	\$31.45	\$31.45	5/1/2004
E0113	CRUTCH UNDERARM, WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD, TIP AND HANDGRIP	\$17.96	\$17.96	5/1/2004
E0114	CRUTCHES UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS	\$40.11	\$40.11	5/1/2004
E0116	CRUTCH, UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, WITH PAD, TIP, HANDGRIP,	\$23.58	\$23.58	5/1/2004
E0117	CRUTCH, UNDERARM, ARTICULATING, SPRING ASSISTED, EACH	\$192.71	\$192.71	5/1/2004
E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	\$70.23	\$70.23	5/1/2004
E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	\$83.84	\$83.84	5/1/2004
E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	\$360.71	\$360.71	5/1/2004
E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	\$112.23	\$112.23	5/1/2004
E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	\$120.23	\$120.23	5/1/2004
E0144	WALKER, ENCLOSED, FOUR SIDED FRAMED, RIGID OR FOLDING, WHEELED WITH POSTERIOR	\$318.45	\$318.45	5/1/2004
E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	\$574.81	\$574.81	5/1/2004
E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	\$127.05	\$127.05	5/1/2004
E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	\$223.20	\$223.20	5/1/2004
E0153	PLATFORM ATTACHMENT, FOREARM CRUTCH, EACH	\$66.13	\$66.13	5/1/2004
E0154	PLATFORM ATTACHMENT, WALKER, EACH	\$70.51	\$70.51	5/1/2004
E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	\$26.83	\$26.83	5/1/2004
E0156	SEAT ATTACHMENT, WALKER	\$26.41	\$26.41	5/1/2004
E0157	CRUTCH ATTACHMENT, WALKER, EACH	\$81.92	\$81.92	5/1/2004
E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	\$27.35	\$27.35	5/1/2004
E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	\$17.87	\$17.87	5/1/2004
E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	\$28.10	\$28.10	5/1/2004
E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH	\$22.30	\$22.30	5/1/2004



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - DME

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
E0162	SITZ BATH CHAIR	\$123.85	\$123.85	5/1/2004
E0163	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	\$110.29	\$110.29	5/1/2004
E0165	COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	\$222.96	\$222.96	5/1/2004
E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	\$12.00	\$12.00	5/1/2004
E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR	\$150.92	\$150.92	5/1/2004
E0170	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	BR	BR	1/1/2006
E0171	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	BR	BR	1/1/2006
E0172	SEAT LIFT MECHANISM PLACED OVER OR ON TOP OF TOILET, ANY TYPE	BR	BR	1/1/2006
E0175	FOOT REST, FOR USE WITH COMMODE CHAIR, EACH	\$56.30	\$56.30	5/1/2004
E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES	\$270.96	\$270.96	5/1/2004
E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY	\$314.16	\$314.16	5/1/2004
E0184	DRY PRESSURE MATTRESS	\$165.50	\$165.50	5/1/2004
E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	\$271.88	\$271.88	5/1/2004
E0186	AIR PRESSURE MATTRESS	\$243.60	\$243.60	5/1/2004
E0187	WATER PRESSURE MATTRESS	\$268.92	\$268.92	5/1/2004
E0188	SYNTHETIC SHEEPSKIN PAD	\$26.43	\$26.43	5/1/2004
E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	\$51.96	\$51.96	5/1/2004
E0190	POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZE, INCLUDES ALL COMPONENTS AND	BR	BR	1/1/2004
E0191	HEEL OR ELBOW PROTECTOR, EACH	\$8.49	\$8.49	5/1/2004
E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	\$10,135.32	\$10,135.32	5/1/2004
E0194	AIR FLUIDIZED BED	BR	BR	1/1/1991
E0196	GEL PRESSURE MATTRESS	\$331.44	\$331.44	5/1/2004
E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	\$219.18	\$219.18	5/1/2004
E0198	WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	\$219.18	\$219.18	5/1/2004
E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	\$32.05	\$32.05	5/1/2004
E0200	HEAT LAMP, WITHOUT STAND (TABLE MODEL), INCLUDES BULB, OR INFRARED ELEMENT	\$67.39	\$67.39	5/1/2004
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	BR	BR	10/1/1982
E0205	HEAT LAMP, WITH STAND, INCLUDES BULB, OR INFRARED ELEMENT	\$164.95	\$164.95	5/1/2004
E0210	ELECTRIC HEAT PAD, STANDARD	\$27.74	\$27.74	5/1/2004
E0215	ELECTRIC HEAT PAD, MOIST	\$64.13	\$64.13	5/1/2004
E0217	WATER CIRCULATING HEAT PAD WITH PUMP	\$496.47	\$496.47	5/1/2004



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - DME

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
E0218	WATER CIRCULATING COLD PAD WITH PUMP	BR	BR	1/1/1997
E0220	HOT WATER BOTTLE	\$8.47	\$8.47	5/1/2004
E0221	INFRARED HEATING PAD SYSTEM	\$2,113.46	\$2,113.46	5/1/2004
E0225	HYDROCOLLATOR UNIT, INCLUDES PADS	\$388.65	\$388.65	5/1/2004
E0230	ICE CAP OR COLLAR	\$7.68	\$7.68	5/1/2004
E0235	PARAFFIN BATH UNIT, PORTABLE (SEE MEDICAL SUPPLY CODE A4265 FOR PARAFFIN)	\$207.12	\$207.12	5/1/2004
E0236	PUMP FOR WATER CIRCULATING PAD	\$487.44	\$487.44	5/1/2004
E0238	NON-ELECTRIC HEAT PAD, MOIST	\$22.98	\$22.98	5/1/2004
E0239	HYDROCOLLATOR UNIT, PORTABLE	\$449.83	\$449.83	5/1/2004
E0240	BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE	BR	BR	1/1/2004
E0241	BATH TUB WALL RAIL, EACH	BR	BR	10/1/1982
E0242	BATH TUB RAIL, FLOOR BASE	BR	BR	3/1/1989
E0243	TOILET RAIL, EACH	BR	BR	3/1/1989
E0244	RAISED TOILET SEAT	BR	BR	10/1/1982
E0245	TUB STOOL OR BENCH	BR	BR	10/1/1982
E0246	TRANSFER TUB RAIL ATTACHMENT	BR	BR	3/1/1989
E0247	TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING	BR	BR	1/1/2004
E0248	TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING	BR	BR	1/1/2004
E0249	PAD FOR WATER CIRCULATING HEAT UNIT	\$84.66	\$84.66	5/1/2004
E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	\$1,173.12	\$1,173.12	5/1/2004
E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	\$888.96	\$888.96	5/1/2004
E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	\$1,409.76	\$1,409.76	5/1/2004
E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	\$995.76	\$995.76	5/1/2004
E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE	\$2,015.16	\$2,015.16	5/1/2004
E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE	\$1,643.28	\$1,643.28	5/1/2004
E0265	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE	\$2,398.56	\$2,398.56	5/1/2004
E0266	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE	\$2,112.60	\$2,112.60	5/1/2004
E0270	HOSPITAL BED, INSTITUTIONAL TYPE INCLUDES: OSCILLATING, CIRCULATING AND STRYKER	BR	BR	3/1/1989
E0271	MATTRESS, INNERSPRING	\$222.04	\$222.04	5/1/2004
E0272	MATTRESS, FOAM RUBBER	\$202.37	\$202.37	5/1/2004
E0273	BED BOARD	BR	BR	3/1/1989
E0274	OVER-BED TABLE	BR	BR	10/1/1982
E0275	BED PAN, STANDARD, METAL OR PLASTIC	\$13.01	\$13.01	5/1/2004
E0276	BED PAN, FRACTURE, METAL OR PLASTIC	\$11.31	\$11.31	5/1/2004



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - DME

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	BR	BR	1/1/1992
E0280	BED CRADLE, ANY TYPE	\$32.48	\$32.48	5/1/2004
E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	\$896.88	\$896.88	5/1/2004
E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	\$606.60	\$606.60	5/1/2004
E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	\$997.44	\$997.44	5/1/2004
E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	\$858.12	\$858.12	5/1/2004
E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS,	\$1,567.80	\$1,567.80	5/1/2004
E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS,	\$1,528.20	\$1,528.20	5/1/2004
E0296	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITHOUT SIDE	\$1,674.84	\$1,674.84	5/1/2004
E0297	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITHOUT SIDE	\$1,661.52	\$1,661.52	5/1/2004
E0300	PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED	\$2,838.62	\$2,838.62	5/1/2004
E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350	BR	BR	1/1/2004
E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN	BR	BR	1/1/2004
E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350	BR	BR	1/1/2004
E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN	BR	BR	1/1/2004
E0305	BED SIDE RAILS, HALF LENGTH	\$211.32	\$211.32	5/1/2004
E0310	BED SIDE RAILS, FULL LENGTH	\$194.14	\$194.14	5/1/2004
E0315	BED ACCESSORY: BOARD, TABLE, OR SUPPORT DEVICE, ANY TYPE	BR	BR	3/1/1989
E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	BR	BR	1/1/2002
E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	\$8.59	\$8.59	5/1/2004
E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	\$9.23	\$9.23	5/1/2004
E0350	CONTROL UNIT FOR ELECTRONIC BOWEL IRRIGATION/EVACUATION SYSTEM	BR	BR	1/1/1995
E0352	DISPOSABLE PACK (WATER RESERVOIR BAG, SPECULUM, VALVING MECHANISM AND	BR	BR	1/1/1995
E0370	AIR PRESSURE ELEVATOR FOR HEEL	\$25.81	\$25.81	4/1/2001
E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS	BR	BR	1/1/1998
E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	BR	BR	1/1/1998
E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	BR	BR	1/1/1998
E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER,	BR	BR	1/1/1993



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - DME

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
E0425	STATIONARY COMPRESSED GAS SYSTEM, PURCHASE; INCLUDES REGULATOR, FLOWMETER,	BR	BR	3/1/1989
E0430	PORTABLE GASEOUS OXYGEN SYSTEM, PURCHASE; INCLUDES REGULATOR, FLOWMETER,	BR	BR	2/15/1989
E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR,	BR	BR	1/1/1993
E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY	BR	BR	1/1/1993
E0435	PORTABLE LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES PORTABLE CONTAINER, SUPPLY	BR	BR	10/1/1982
E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS,	BR	BR	1/1/1993
E0440	STATIONARY LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES USE OF RESERVOIR, CONTENTS	BR	BR	10/1/1982
E0441	OXYGEN CONTENTS, GASEOUS (FOR USE WITH OWNED GASEOUS STATIONARY SYSTEMS OR WHEN	\$138.53	\$138.53	5/1/2004
E0442	OXYGEN CONTENTS, LIQUID (FOR USE WITH OWNED LIQUID STATIONARY SYSTEMS OR WHEN	\$138.53	\$138.53	5/1/2004
E0443	PORTABLE OXYGEN CONTENTS, GASEOUS (FOR USE ONLY WITH PORTABLE GASEOUS SYSTEMS	\$21.41	\$21.41	5/1/2004
E0444	PORTABLE OXYGEN CONTENTS, LIQUID (FOR USE ONLY WITH PORTABLE LIQUID SYSTEMS	\$21.41	\$21.41	5/1/2004
E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY	BR	BR	1/1/2003
E0450	VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE	\$11,454.24	\$11,454.24	5/1/2004
E0455	OXYGEN TENT, EXCLUDING CROUP OR PEDIATRIC TENTS	\$90.00	\$90.00	4/1/1998
E0457	CHEST SHELL (CUIRASS)	\$614.51	\$614.51	5/1/2004
E0459	CHEST WRAP	BR	BR	3/1/1989
E0460	NEGATIVE PRESSURE VENTILATOR; PORTABLE OR STATIONARY	\$7,482.36	\$7,482.36	5/1/2004
E0461	VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE	BR	BR	1/1/2003
E0462	ROCKING BED WITH OR WITHOUT SIDE RAILS	BR	BR	3/1/1989
E0463	PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE	BR	BR	1/1/2005
E0464	PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE	BR	BR	1/1/2005
E0470	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE	BR	BR	1/1/2004
E0471	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE	BR	BR	1/1/2004
E0472	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE	BR	BR	1/1/2004
E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL	\$527.28	\$527.28	5/1/2004
E0482	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE	BR	BR	1/1/2002



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - DME

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
E0483	HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM, (INCLUDES	BR	BR	1/1/2003
E0484	OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRIC, ANY TYPE, EACH	\$36.92	\$36.92	5/1/2004
E0485	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR	BR	BR	1/1/2006
E0486	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR	BR	BR	1/1/2006
E0500	IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL OR AUTOMATIC VALVES	\$1,270.92	\$1,270.92	5/1/2004
E0550	HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATM	\$601.56	\$601.56	5/1/2004
E0555	HUMIDIFIER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC BOTTLE TYPE, FOR USE WITH	\$20.22	\$20.22	4/1/2001
E0560	HUMIDIFIER, DURABLE FOR SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENT OR	\$171.52	\$171.52	5/1/2004
E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	\$107.00	\$107.00	5/1/2004
E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	\$301.22	\$301.22	5/1/2004
E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF- CONTAINED OR	\$622.32	\$622.32	5/1/2004
E0570	NEBULIZER, WITH COMPRESSOR	\$216.12	\$216.12	5/1/2004
E0571	AEROSOL COMPRESSOR, BATTERY POWERED, FOR USE WITH SMALL VOLUME NEBULIZER	BR	BR	1/1/2001
E0572	AEROSOL COMPRESSOR, ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERMITTENT USE	BR	BR	1/1/2001
E0574	ULTRASONIC/ELECTRONIC AEROSOL GENERATOR WITH SMALL VOLUME NEBULIZER	BR	BR	1/1/2001
E0575	NEBULIZER, ULTRASONIC, LARGE VOLUME	\$1,065.48	\$1,065.48	5/1/2004
E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH	\$134.04	\$134.04	5/1/2004
E0585	NEBULIZER, WITH COMPRESSOR AND HEATER	\$357.72	\$357.72	5/1/2004
E0600	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	\$507.84	\$507.84	5/1/2004
E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	\$1,340.52	\$1,340.52	5/1/2004
E0602	BREAST PUMP, MANUAL, ANY TYPE	\$29.52	\$29.52	5/1/2004
E0603	BREAST PUMP, ELECTRIC (AC AND/OR DC), ANY TYPE	BR	BR	1/1/2002
E0604	BREAST PUMP, HEAVY DUTY, HOSPITAL GRADE, PISTON OPERATED, PULSATILE VACUUM	BR	BR	1/1/2002
E0605	VAPORIZER, ROOM TYPE	\$25.06	\$25.06	5/1/2004
E0606	POSTURAL DRAINAGE BOARD	BR	BR	6/1/1991
E0607	HOME BLOOD GLUCOSE MONITOR	\$66.82	\$66.82	5/1/2004
E0610	PACEMAKER MONITOR, SELF-CONTAINED, (CHECKS BATTERY DEPLETION, INCLUDES AUDIBLE	\$237.86	\$237.86	5/1/2004
E0615	PACEMAKER MONITOR, SELF CONTAINED, CHECKS BATTERY DEPLETION AND OTHER PACEMAKER	\$474.05	\$474.05	5/1/2004
E0616	IMPLANTABLE CARDIAC EVENT RECORDER WITH MEMORY, ACTIVATOR AND PROGRAMMER	BR	BR	1/1/2000



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - DME

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
E0617	EXTERNAL DEFIBRILLATOR WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS	BR	BR	1/1/2001
E0618	APNEA MONITOR, WITHOUT RECORDING FEATURE	BR	BR	1/1/2003
E0619	APNEA MONITOR, WITH RECORDING FEATURE	BR	BR	1/1/2003
E0620	SKIN PIERCING DEVICE FOR COLLECTION OF CAPILLARY BLOOD, LASER, EACH	\$874.39	\$874.39	5/1/2004
E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	\$92.66	\$92.66	5/1/2004
E0625	PATIENT LIFT, BATHROOM OR TOILET, NOT OTHERWISE CLASSIFIED	BR	BR	3/1/1989
E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	\$330.71	\$330.71	5/1/2004
E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	\$330.71	\$330.71	5/1/2004
E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	\$330.71	\$330.71	5/1/2004
E0630	PATIENT LIFT, HYDRAULIC, WITH SEAT OR SLING	\$1,208.64	\$1,208.64	5/1/2004
E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	\$1,468.32	\$1,468.32	5/1/2004
E0636	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT	BR	BR	1/1/2003
E0637	COMBINATION SIT TO STAND SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEATLIFT FEA	\$2,104.97	\$2,104.97	5/1/2004
E0638	STANDING FRAME SYSTEM, ONE POSITION (E.G. UPRIGHT, SUPINE OR PRONE STANDER), ANY	\$853.57	\$853.57	5/1/2004
E0639	PATIENT LIFT, MOVEABLE FROM ROOM TO ROOM WITH DISASSEMBLY AND REASSEMBLY,	BR	BR	1/1/2005
E0640	PATIENT LIFT, FIXED SYSTEM, INCLUDES ALL COMPONENTS/ACCESSORIES	BR	BR	1/1/2005
E0641	STANDING FRAME SYSTEM, MULTI-POSITION (E.G. THREE-WAY STANDER), ANY SIZE INCLUDI	BR	BR	1/1/2006
E0642	STANDING FRAME SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC	BR	BR	1/1/2006
E0650	PNEUMATIC COMPRESSOR, NON-SEGMENTAL HOME MODEL	\$720.22	\$720.22	5/1/2004
E0651	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITHOUT CALIBRATED GRADIENT PRESSURE	\$907.14	\$907.14	5/1/2004
E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE	\$5,301.45	\$5,301.45	5/1/2004
E0655	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM	\$107.92	\$107.92	5/1/2004
E0660	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	\$159.66	\$159.66	5/1/2004
E0665	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	\$136.99	\$136.99	5/1/2004
E0666	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	\$138.08	\$138.08	5/1/2004
E0667	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	\$323.77	\$323.77	5/1/2004
E0668	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	\$441.88	\$441.88	5/1/2004



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - DME

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
E0669	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	\$183.31	\$183.31	5/1/2004
E0671	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG	\$415.35	\$415.35	5/1/2004
E0672	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM	\$322.73	\$322.73	5/1/2004
E0673	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALF LEG	\$268.17	\$268.17	5/1/2004
E0675	PNEUMATIC COMPRESSION DEVICE, HIGH PRESSURE, RAPID INFLATION/DEFLATION CYCLE,	BR	BR	1/1/2004
E0676	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES), NOT OTHERWISE S	BR	BR	1/1/2007
E0691	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE	\$898.59	\$898.59	5/1/2005
E0692	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE	\$1,128.37	\$1,128.37	5/1/2005
E0693	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE	\$1,390.98	\$1,390.98	5/1/2005
E0694	ULTRAVIOLET MULTIDIRECTIONAL LIGHT THERAPY SYSTEM IN 6 FOOT CABINET, INCLUDES	\$4,427.34	\$4,427.34	5/1/2005
E0700	SAFETY EQUIPMENT (E.G., BELT, HARNESS OR VEST)	BR	BR	3/1/1989
E0705	TRANSFER BOARD OR DEVICE, ANY TYPE, EACH	\$55.12	\$55.12	10/1/2006
E0710	RESTRAINTS, ANY TYPE (BODY, CHEST, WRIST OR ANKLE)	BR	BR	10/1/1982
E0720	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED S	\$327.27	\$327.27	5/1/2004
E0730	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, F	\$330.77	\$330.77	5/1/2004
E0731	FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES (WITH CONDUCTIVE	\$356.69	\$356.69	5/1/2004
E0740	INCONTINENCE TREATMENT SYSTEM, PELVIC FLOOR STIMULATOR, MONITOR, SENSOR AND/OR	\$522.87	\$522.87	5/1/2004
E0744	NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS	\$1,098.84	\$1,098.84	5/1/2004
E0745	NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT	\$1,074.12	\$1,074.12	5/1/2004
E0746	ELECTROMYOGRAPHY (EMG), BIOFEEDBACK DEVICE	BR	BR	3/1/1989
E0747	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL	\$3,813.12	\$3,813.12	4/1/2006
E0748	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, SPINAL APPLICATIONS	\$3,788.41	\$3,788.41	4/1/2006
E0749	OSTEOGENESIS STIMULATOR, ELECTRICAL, SURGICALLY IMPLANTED	BR	BR	3/1/1989
E0755	ELECTRONIC SALIVARY REFLEX STIMULATOR (INTRA-ORAL/NON-INVASIVE)	BR	BR	3/1/1989
E0760	OSTOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE	\$3,148.10	\$3,148.10	4/1/2006
E0765	FDA APPROVED NERVE STIMULATOR, WITH REPLACEABLE BATTERIES, FOR TREATMENT OF	\$84.13	\$84.13	5/1/2004



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - DME

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
E0769	ELECTRICAL STIMULATION OR ELECTROMAGNETIC WOUND TREATMENT DEVICE, NOT OTHERWISE	BR	BR	1/1/2005
E0776	IV POLE	\$121.69	\$121.69	5/1/2004
E0779	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER	BR	BR	1/1/2000
E0780	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS	\$10.37	\$10.37	5/1/2004
E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY	\$2,949.96	\$2,949.96	5/1/2004
E0782	INFUSION PUMP, IMPLANTABLE, NON-PROGRAMMABLE (INCLUDES ALL COMPONENTS, E.G.,	\$4,180.54	\$4,180.54	4/1/2006
E0783	INFUSION PUMP SYSTEM, IMPLANTABLE, PROGRAMMABLE (INCLUDES ALL COMPONENTS, E.G.,	\$7,971.67	\$7,971.67	4/1/2006
E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	BR	BR	1/1/1996
E0785	IMPLANTABLE INTRASPINAL (EPIDURAL/INTRATHECAL) CATHETER USED WITH IMPLANTABLE	\$460.08	\$460.08	4/1/2006
E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL	BR	BR	3/1/1989
E0830	AMBULATORY TRACTION DEVICE, ALL TYPES, EACH	BR	BR	1/1/2001
E0840	TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL TRACTION	\$73.28	\$73.28	5/1/2004
E0849	TRACTION EQUIPMENT, CERVICAL, FREE-STANDING STAND/FRAME, PNEUMATIC, APPLYING	\$515.31	\$515.31	5/1/2005
E0850	TRACTION STAND, FREE STANDING, CERVICAL TRACTION	\$89.30	\$89.30	5/1/2004
E0855	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME	\$494.22	\$494.22	5/1/2004
E0860	TRACTION EQUIPMENT, OVERDOOR, CERVICAL	\$37.78	\$37.78	5/1/2004
E0870	TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION, (E.G. BUCK'S)	\$116.31	\$116.31	5/1/2004
E0880	TRACTION STAND, FREE STANDING, EXTREMITY TRACTION, (E.G., BUCK'S)	\$117.38	\$117.38	5/1/2004
E0890	TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION	\$102.35	\$102.35	5/1/2004
E0900	TRACTION STAND, FREE STANDING, PELVIC TRACTION, (E.G., BUCK'S)	\$108.90	\$108.90	5/1/2004
E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	\$240.00	\$240.00	5/1/2004
E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, AT	BR	BR	1/1/2006
E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FR	BR	BR	1/1/2006
E0920	FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS	\$553.68	\$553.68	5/1/2004
E0930	FRACTURE FRAME, FREE STANDING, INCLUDES WEIGHTS	\$548.28	\$548.28	5/1/2004
E0935	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE ON KNEE ONLY	\$7,056.63	\$7,056.63	5/1/2004



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - DME

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
E0936	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE OTHER THAN KNEE	BR	BR	1/1/2007
E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	\$417.24	\$417.24	5/1/2004
E0941	GRAVITY ASSISTED TRACTION DEVICE, ANY TYPE	\$520.92	\$520.92	5/1/2004
E0942	CERVICAL HEAD HARNESS/HALTER	\$16.87	\$16.87	5/1/2004
E0944	PELVIC BELT/HARNESS/BOOT	\$40.09	\$40.09	5/1/2004
E0945	EXTREMITY BELT/HARNESS	\$40.09	\$40.09	5/1/2004
E0946	FRACTURE, FRAME, DUAL WITH CROSS BARS, ATTACHED TO BED, (E.G. BALKEN, 4 POSTER)	\$709.92	\$709.92	5/1/2004
E0947	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX PELVIC TRACTION	\$606.46	\$606.46	5/1/2004
E0948	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX CERVICAL TRACTION	\$586.59	\$586.59	5/1/2004
E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	\$89.52	\$89.52	5/1/2004
E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	\$18.98	\$18.98	5/1/2004
E0952	TOE LOOP/HOLDER, ANY TYPE, EACH	\$17.19	\$17.19	5/1/2004
E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING	\$202.18	\$202.18	5/1/2004
E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED	\$98.58	\$98.58	5/1/2004
E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING	\$137.93	\$137.93	5/1/2004
E0958	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	\$523.56	\$523.56	5/1/2004
E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	\$37.58	\$37.58	5/1/2004
E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY	\$90.98	\$90.98	5/1/2004
E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	\$29.74	\$29.74	5/1/2004
E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	\$71.37	\$71.37	5/1/2004
E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	\$64.59	\$64.59	5/1/2004
E0968	COMMODE SEAT, WHEELCHAIR	\$214.92	\$214.92	5/1/2004
E0969	NARROWING DEVICE, WHEELCHAIR	\$156.63	\$156.63	5/1/2004
E0970	NO.2 FOOTPLATES, EXCEPT FOR ELEVATING LEG REST	\$47.64	\$47.64	4/1/2001
E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	\$43.39	\$43.39	11/1/2005
E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY,	\$114.97	\$114.97	5/1/2004
E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	\$66.65	\$66.65	5/1/2004
E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	\$39.00	\$39.00	5/1/2004
E0980	SAFETY VEST, WHEELCHAIR	\$28.10	\$28.10	5/1/2004



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - DME

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
E0981	WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY, EACH	\$44.21	\$44.21	5/1/2004
E0982	WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY, EACH	\$43.80	\$43.80	5/1/2004
E0983	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO	BR	BR	1/1/2004
E0984	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO	\$1,910.58	\$1,910.58	5/1/2004
E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	\$202.85	\$202.85	5/1/2004
E0986	MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVATED POWER ASSIST, EACH	\$4,864.24	\$4,864.24	5/1/2004
E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	\$117.43	\$117.43	5/1/2004
E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	\$95.15	\$95.15	5/1/2004
E0994	ARM REST, EACH	\$17.63	\$17.63	5/1/2004
E0995	WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH	\$29.79	\$29.79	5/1/2004
E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	\$4,113.02	\$4,113.02	5/1/2004
E1003	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR	\$4,391.30	\$4,391.30	5/1/2004
E1004	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR	\$4,869.05	\$4,869.05	5/1/2004
E1005	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR	\$5,270.36	\$5,270.36	5/1/2004
E1006	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE,	\$6,455.70	\$6,455.70	5/1/2004
E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH	\$8,741.27	\$8,741.27	5/1/2004
E1008	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH	\$8,742.05	\$8,742.05	5/1/2004
E1009	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG	BR	BR	1/1/2004
E1010	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION	\$1,143.79	\$1,143.79	5/1/2005
E1011	MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE	BR	BR	1/1/2003
E1014	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR	\$365.14	\$365.14	5/1/2004
E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	\$114.70	\$114.70	5/1/2004
E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	\$131.31	\$131.31	5/1/2004
E1017	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WHEELCHAIR,	BR	BR	1/1/2003
E1018	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR,	BR	BR	1/1/2003
E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR	\$243.41	\$243.41	5/1/2004
E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING	\$206.54	\$206.54	5/1/2004
E1029	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	\$369.54	\$369.54	5/1/2004



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - DME

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
E1030	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	\$1,165.27	\$1,165.27	5/1/2004
E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	\$603.00	\$603.00	5/1/2004
E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY	BR	BR	1/1/2001
E1037	TRANSPORT CHAIR, PEDIATRIC SIZE	BR	BR	1/1/2003
E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POU	BR	BR	1/1/2003
E1039	TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 30	BR	BR	1/1/2005
E1050	FULLY-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVAT	\$1,222.08	\$1,222.08	5/1/2004
E1060	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY	\$1,512.84	\$1,512.84	5/1/2004
E1070	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY	\$1,314.36	\$1,314.36	5/1/2004
E1083	HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG	\$803.16	\$803.16	5/1/2004
E1084	HEMI-WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY	\$1,177.20	\$1,177.20	5/1/2004
E1085	HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOT RESTS	\$574.17	\$574.17	4/1/2001
E1086	HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE	\$713.00	\$713.00	4/1/2001
E1087	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY	\$1,290.36	\$1,290.36	5/1/2004
E1088	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH,	\$1,714.32	\$1,714.32	5/1/2004
E1089	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED LENGTH ARMS, SWING AWAY DETACHABLE	\$896.80	\$896.80	4/1/2001
E1090	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH,	\$911.00	\$911.00	4/1/2001
E1092	WIDE HEAVY DUTY WHEEL CHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH), SWING AWAY	\$1,542.12	\$1,542.12	5/1/2004
E1093	WIDE HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING	\$1,326.24	\$1,326.24	5/1/2004
E1100	SEMI-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATI	\$1,146.24	\$1,146.24	5/1/2004
E1110	SEMI-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEG	\$1,146.24	\$1,146.24	5/1/2004
E1130	STANDARD WHEELCHAIR, FIXED FULL LENGTH ARMS, FIXED OR SWING AWAY DETACHABLE FOOT	\$383.25	\$383.25	4/1/2001
E1140	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE	\$728.50	\$728.50	4/1/2001
E1150	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE	\$978.96	\$978.96	5/1/2004
E1160	WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	\$750.00	\$750.00	5/1/2004



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - DME

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	\$2,366.09	\$2,366.09	5/1/2004
E1170	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGR	\$1,071.72	\$1,071.72	5/1/2004
E1171	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, WITHOUT FOOTRESTS OR LEGREST	\$961.80	\$961.80	5/1/2004
E1172	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) WITHOUT FOOTRESTS OR	\$1,175.40	\$1,175.40	5/1/2004
E1180	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE	\$1,216.08	\$1,216.08	5/1/2004
E1190	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE	\$1,404.84	\$1,404.84	5/1/2004
E1195	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING	\$1,507.56	\$1,507.56	5/1/2004
E1200	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	\$1,044.12	\$1,044.12	5/1/2004
E1220	WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED, (INDICATE BRAND NAME, MODEL NUMBER,	BR	BR	3/1/1989
E1221	WHEELCHAIR WITH FIXED ARM, FOOTRESTS	\$570.12	\$570.12	5/1/2004
E1222	WHEELCHAIR WITH FIXED ARM, ELEVATING LEGRESTS	\$792.72	\$792.72	5/1/2004
E1223	WHEELCHAIR WITH DETACHABLE ARMS, FOOTRESTS	BR	BR	1/1/1991
E1224	WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEGRESTS	BR	BR	1/1/1991
E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15	BR	BR	1/1/1991
E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80	\$463.80	\$463.80	5/1/2004
E1227	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	\$235.88	\$235.88	5/1/2004
E1228	SPECIAL BACK HEIGHT FOR WHEELCHAIR	BR	BR	1/1/1991
E1229	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	BR	BR	1/1/2005
E1230	POWER OPERATED VEHICLE (THREE OR FOUR WHEEL NONHIGHWAY) SPECIFY BRAND NAME AND	\$2,261.79	\$2,261.79	5/1/2004
E1231	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING	BR	BR	1/1/2003
E1232	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING	\$2,138.41	\$2,138.41	5/1/2004
E1233	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING	\$2,215.73	\$2,215.73	5/1/2004
E1234	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING	\$1,928.95	\$1,928.95	5/1/2004
E1235	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	\$1,857.43	\$1,857.43	5/1/2004
E1236	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	\$1,638.73	\$1,638.73	5/1/2004
E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	\$1,653.05	\$1,653.05	5/1/2004
E1238	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	\$1,638.73	\$1,638.73	11/1/2005



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - DME

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
E1239	POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	BR	BR	1/1/2005
E1240	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS, (DESK OR FULL LENGTH) SWING AWAY DETACH	\$1,184.04	\$1,184.04	5/1/2004
E1250	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	\$643.84	\$643.84	4/1/2001
E1260	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY	\$896.80	\$896.80	4/1/2001
E1270	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING	\$891.24	\$891.24	5/1/2004
E1280	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEGRESTS	\$1,575.12	\$1,575.12	5/1/2004
E1285	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	\$1,396.58	\$1,396.58	4/1/2001
E1290	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY	BR	BR	1/1/1991
E1295	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, ELEVATING LEGREST	\$1,457.64	\$1,457.64	5/1/2004
E1296	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	\$417.92	\$417.92	5/1/2004
E1297	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY	\$104.61	\$104.61	5/1/2004
E1298	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH, BY CONSTRUCTION	\$423.65	\$423.65	5/1/2004
E1300	WHIRLPOOL, PORTABLE (OVERTUB TYPE)	BR	BR	3/1/1989
E1310	WHIRLPOOL, NON-PORTABLE (BUILT-IN TYPE)	\$1,825.29	\$1,825.29	5/1/2004
E1340	REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT REQUIRING THE SKILL	\$11.29	\$11.29	4/1/2002
E1353	REGULATOR	BR	BR	3/1/1989
E1355	STAND/RACK	BR	BR	10/1/1982
E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	\$138.58	\$138.58	5/1/2004
E1377	OXYGEN CONCENTRATOR, HIGH HUMIDITY SYSTEM EQUIV. TO 244 CU. FT.	BR	BR	3/1/1989
E1378	OXYGEN CONCENTRATOR, HIGH HUMIDITY SYSTEM EQUIV. TO 488 CU. FT.	BR	BR	3/1/1989
E1379	OXYGEN CONCENTRATOR, HIGH HUMIDITY SYSTEM EQUIV. TO 732 CU. FT.	BR	BR	3/1/1989
E1380	OXYGEN CONCENTRATOR, HIGH HUMIDITY SYSTEM EQUIV. TO 976 CU. FT.	BR	BR	3/1/1989
E1381	OXYGEN CONCENTRATOR, HIGH HUMIDITY SYSTEM EQUIV. TO 1220 CU. FT.	BR	BR	3/1/1989
E1382	OXYGEN CONCENTRATOR, HIGH HUMIDITY SYSTEM EQUIV. TO 1464 CU. FT.	BR	BR	3/1/1989
E1383	OXYGEN CONCENTRATOR, HIGH HUMIDITY SYSTEM EQUIV. TO 1708 CU. FT.	BR	BR	3/1/1989
E1384	OXYGEN CONCENTRATOR, HIGH HUMIDITY SYSTEM EQUIV. TO 1952 CU. FT.	BR	BR	3/1/1989
E1385	OXYGEN CONCENTRATOR, HIGH HUMIDITY SYSTEM EQUIV. TO OVER 1952 CU. FT.	BR	BR	3/1/1989
E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR	BR	BR	1/1/2000



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - DME

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR	BR	BR	1/1/2004
E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	BR	BR	1/1/2006
E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	BR	BR	3/1/1989
E1405	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITH HEATED DELIVERY	\$2,691.48	\$2,691.48	5/1/2004
E1406	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITHOUT HEATED DELIVERY	\$2,549.88	\$2,549.88	5/1/2004
E1500	CENTRIFUGE, FOR DIALYSIS	BR	BR	1/1/2002
E1510	KIDNEY, DIALYSATE DELIVERY SYST. KIDNEY MACHINE, PUMP RECIRCULAT- ING, AIR REMOV	BR	BR	3/1/1989
E1520	HEPARIN INFUSION PUMP FOR HEMODIALYSIS	BR	BR	3/1/1989
E1530	AIR BUBBLE DETECTOR FOR HEMODIALYSIS, EACH, REPLACEMENT	BR	BR	3/1/1989
E1540	PRESSURE ALARM FOR HEMODIALYSIS, EACH, REPLACEMENT	BR	BR	3/1/1989
E1550	BATH CONDUCTIVITY METER FOR HEMODIALYSIS, EACH	BR	BR	3/1/1989
E1560	BLOOD LEAK DETECTOR FOR HEMODIALYSIS, EACH, REPLACEMENT	BR	BR	3/1/1989
E1570	ADJUSTABLE CHAIR, FOR ESRD PATIENTS	BR	BR	10/1/1982
E1575	TRANSDUCER PROTECTORS/FLUID BARRIERS, FOR HEMODIALYSIS, ANY SIZE, PER 10	BR	BR	3/1/1989
E1580	UNIPUNCTURE CONTROL SYSTEM FOR HEMODIALYSIS	BR	BR	3/1/1989
E1590	HEMODIALYSIS MACHINE	BR	BR	3/1/1989
E1592	AUTOMATIC INTERMITTENT PERITONEAL DIALYSIS SYSTEM	BR	BR	3/1/1989
E1594	CYCLER DIALYSIS MACHINE FOR PERITONEAL DIALYSIS	BR	BR	3/1/1989
E1600	DELIVERY AND/OR INSTALLATION CHARGES FOR HEMODIALYSIS EQUIPMENT	BR	BR	3/1/1989
E1610	REVERSE OSMOSIS WATER PURIFICATION SYSTEM, FOR HEMODIALYSIS	BR	BR	3/1/1989
E1615	DEIONIZER WATER PURIFICATION SYSTEM, FOR HEMODIALYSIS	BR	BR	3/1/1989
E1620	BLOOD PUMP FOR HEMODIALYSIS, REPLACEMENT	BR	BR	3/1/1989
E1625	WATER SOFTENING SYSTEM, FOR HEMODIALYSIS	BR	BR	3/1/1989
E1630	RECIPROCATING PERITONEAL DIALYSIS SYSTEM	BR	BR	3/1/1989
E1632	WEARABLE ARTIFICIAL KIDNEY, EACH	BR	BR	3/1/1989
E1635	COMPACT (PORTABLE) TRAVEL HEMODIALYZER SYSTEM	BR	BR	3/1/1989
E1636	SORBENT CARTRIDGES, FOR HEMODIALYSIS, PER 10	BR	BR	3/1/1989
E1639	SCALE, EACH	BR	BR	1/1/2002
E1699	DIALYSIS EQUIPMENT, NOT OTHERWISE SPECIFIED	BR	BR	3/1/1989
E1700	JAW MOTION REHABILITATION SYSTEM	\$344.84	\$344.84	5/1/2004
E1701	REPLACEMENT CUSHIONS FOR JAW MOTION REHABILITATION SYSTEM, PKG. OF 6	\$10.61	\$10.61	5/1/2004



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - DME

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
E1702	REPLACEMENT MEASURING SCALES FOR JAW MOTION REHABILITATION SYSTEM, PKG. OF 200	\$22.57	\$22.57	5/1/2004
E1800	DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATER	BR	BR	1/1/1996
E1801	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH ELBOW DEVICE WITH RANGE OF MOTION	BR	BR	1/1/2002
E1802	DYNAMIC ADJUSTABLE FOREARM PRONATION/SUPINATION DEVICE, INCLUDES SOFT INTERFACE	BR	BR	1/1/2003
E1805	DYNAMIC ADJUSTABLE WRIST EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE	BR	BR	1/1/1996
E1806	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH WRIST DEVICE WITH RANGE OF MOTION	BR	BR	1/1/2002
E1811	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH KNEE DEVICE WITH RANGE OF MOTION	BR	BR	1/1/2002
E1812	DYNAMIC KNEE, EXTENSION/FLEXION DEVICE WITH ACTIVE RESISTANCE CONTROL	BR	BR	1/1/2006
E1815	DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE	BR	BR	1/1/1996
E1816	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH ANKLE DEVICE WITH RANGE OF MOTION	BR	BR	1/1/2002
E1818	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH FOREARM PRONATION / SUPINATION DEVICE	BR	BR	1/1/2002
E1820	REPLACEMENT SOFT INTERFACE MATERIAL, DYNAMIC ADJUSTABLE EXTENSION/FLEXION DEVICE	\$77.11	\$77.11	5/1/2004
E1821	REPLACEMENT SOFT INTERFACE MATERIAL/CUFFS FOR BI-DIRECTIONAL STATIC PROGRESSIVE	\$105.25	\$105.25	5/1/2004
E1825	DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE	BR	BR	1/1/1996
E1830	DYNAMIC ADJUSTABLE TOE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE	BR	BR	1/1/1996
E1840	DYNAMIC ADJUSTABLE SHOULDER FLEXION / ABDUCTION / ROTATION DEVICE, INCLUDES	BR	BR	1/1/2002
E1841	MULTI-DIRECTIONAL STATIC PROGRESSIVE STRETCH SHOULDER DEVICE, WITH RANGE OF	BR	BR	1/1/2005
E1902	COMMUNICATION BOARD, NON-ELECTRONIC AUGMENTATIVE OR ALTERNATIVE COMMUNICATION	BR	BR	1/1/2002
E2000	GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	BR	BR	1/1/2002
E2100	BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER	\$643.19	\$643.19	5/1/2004
E2101	BLOOD GLUCOSE MONITOR WITH INTEGRATED LANCING/BLOOD SAMPLE	\$188.56	\$188.56	5/1/2004
E2120	PULSE GENERATOR SYSTEM FOR TYMPANIC TREATMENT OF INNER EAR ENDOLYMPHATIC FLUID	BR	BR	1/1/2004
E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL	\$373.10	\$373.10	5/1/2004
E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	\$473.98	\$473.98	5/1/2004



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - DME

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22	\$479.05	\$479.05	5/1/2004
E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	\$813.40	\$813.40	5/1/2004
E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS, ANY TYPE, REPLACEMENT	\$32.10	\$32.10	5/1/2005
E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	\$40.01	\$40.01	5/1/2005
E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	\$42.62	\$42.62	1/1/2006
E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	\$116.80	\$116.80	1/1/2006
E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	\$105.39	\$105.39	1/1/2006
E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	\$6.55	\$6.55	1/1/2006
E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	\$34.77	\$34.77	1/1/2006
E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	\$5.78	\$5.78	1/1/2006
E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), A	\$29.91	\$29.91	1/1/2006
E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	\$30.60	\$30.60	1/1/2006
E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	\$9.45	\$9.45	1/1/2006
E2216	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH	BR	BR	1/1/2006
E2217	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH	BR	BR	1/1/2006
E2218	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH	BR	BR	1/1/2006
E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	\$35.57	\$35.57	1/1/2006
E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, E	\$28.52	\$28.52	1/1/2006
E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY	\$25.12	\$25.12	1/1/2006
E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED	\$21.06	\$21.06	4/1/2006
E2223	MANUAL WHEELCHAIR ACCESSORY, VALVE, ANY TYPE, REPLACEMENT ONLY, EACH	\$5.61	\$5.61	4/1/2006
E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	\$83.35	\$83.35	4/1/2006
E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT O	\$17.40	\$17.40	4/1/2006
E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	\$37.94	\$37.94	4/1/2006
E2291	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	BR	BR	1/1/2005



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - DME

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
E2292	SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	BR	BR	1/1/2005
E2293	BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING	BR	BR	1/1/2005
E2294	SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING	BR	BR	1/1/2005
E2300	POWER WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM	BR	BR	1/1/2004
E2301	POWER WHEELCHAIR ACCESSORY, POWER STANDING SYSTEM	BR	BR	1/1/2004
E2310	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER	\$1,170.24	\$1,170.24	5/1/2004
E2311	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER	\$2,369.20	\$2,369.20	5/1/2004
E2321	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK,	\$1,589.10	\$1,589.10	5/1/2005
E2322	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL	\$1,410.36	\$1,410.36	5/1/2004
E2323	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL	\$69.16	\$69.16	5/1/2005
E2324	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE	\$43.82	\$43.82	5/1/2005
E2325	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING	\$1,346.83	\$1,346.83	5/1/2004
E2326	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE	\$347.14	\$347.14	5/1/2005
E2327	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL,	\$2,612.38	\$2,612.38	5/1/2005
E2328	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE,	\$4,955.32	\$4,955.32	5/1/2005
E2329	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM,	\$1,766.13	\$1,766.13	5/1/2005
E2330	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM,	\$3,422.09	\$3,422.09	5/1/2005
E2331	POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL	BR	BR	1/1/2004
E2340	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20-23 INCHES	\$358.36	\$358.36	5/1/2005
E2341	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	\$537.58	\$537.58	5/1/2005
E2342	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES	\$447.98	\$447.98	5/1/2005
E2343	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES	\$716.78	\$716.78	5/1/2005
E2351	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING	\$698.63	\$698.63	5/1/2004
E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	\$95.49	\$95.49	5/1/2004
E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E.G. GEL	\$137.15	\$137.15	5/1/2004



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - DME

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	\$90.44	\$90.44	5/1/2004
E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G. GEL	\$182.89	\$182.89	5/1/2004
E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	\$95.49	\$95.49	5/1/2004
E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL,	\$110.31	\$110.31	5/1/2004
E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE	\$224.08	\$224.08	5/1/2004
E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER	\$419.08	\$419.08	5/1/2004
E2368	POWER WHEELCHAIR COMPONENT, MOTOR, REPLACEMENT ONLY	\$516.57	\$516.57	5/1/2005
E2369	POWER WHEELCHAIR COMPONENT, GEAR BOX, REPLACEMENT ONLY	\$449.94	\$449.94	5/1/2005
E2370	POWER WHEELCHAIR COMPONENT, MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	\$802.84	\$802.84	5/1/2005
E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G. GEL CELL, A	\$150.74	\$150.74	4/1/2006
E2372	POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY, EACH	BR	BR	1/1/2006
E2373	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL, C	BR	BR	1/1/2007
E2374	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE JOYS	\$169.36	\$169.36	4/1/2007
E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELE	\$856.56	\$856.56	4/1/2007
E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRO	\$1,342.27	\$1,342.27	4/1/2007
E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRO	\$485.71	\$485.71	4/1/2007
E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ON	\$74.90	\$74.90	1/1/2007
E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLA	\$20.41	\$20.41	1/1/2007
E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), A	\$149.34	\$149.34	1/1/2007
E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, E	\$79.57	\$79.57	1/1/2007
E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMEN	\$48.67	\$48.67	1/1/2007
E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT	\$147.98	\$147.98	1/1/2007
E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY,	\$63.84	\$63.84	1/1/2007
E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, E	\$50.39	\$50.39	4/1/2007
E2389	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	\$27.36	\$27.36	4/1/2007



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - DME

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
E2390	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, R	\$42.79	\$42.79	4/1/2007
E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY	\$20.50	\$20.50	4/1/2007
E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED W	BR	BR	1/1/2007
E2393	POWER WHEELCHAIR ACCESSORY, VALVE FOR PNEUMATIC TIRE TUBE, ANY TYPE, REPLACEMENT	BR	BR	1/1/2007
E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONL	BR	BR	1/1/2007
E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ON	BR	BR	1/1/2007
E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	\$66.51	\$66.51	1/1/2007
E2399	POWER WHEELCHAIR ACCESSORY, NOT OTHERWISE CLASSIFIED INTERFACE, INCLUDING ALL	BR	BR	1/1/2004
E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	BR	BR	1/1/2004
E2500	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, LESS TH	\$391.06	\$391.06	5/1/2004
E2502	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES,	\$1,195.80	\$1,195.80	5/1/2004
E2504	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES,	\$1,577.42	\$1,577.42	5/1/2004
E2506	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES,	\$2,312.96	\$2,312.96	5/1/2004
E2508	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY	\$3,576.61	\$3,576.61	5/1/2004
E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF	\$6,768.25	\$6,768.25	5/1/2004
E2511	SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR PERSONAL DIGITAL	BR	BR	1/1/2004
E2512	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM	BR	BR	1/1/2004
E2599	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED	BR	BR	1/1/2004
E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	\$61.16	\$61.16	10/1/2006
E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	\$119.40	\$119.40	10/1/2006
E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	\$151.59	\$151.59	10/1/2006
E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	\$188.41	\$188.41	1/1/2007
E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	\$269.17	\$269.17	1/1/2007
E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	\$419.93	\$419.93	1/1/2007
E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22	\$289.85	\$289.85	10/1/2006



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - DME

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR	\$348.09	\$348.09	10/1/2006
E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE	BR	BR	1/1/2005
E2610	WHEELCHAIR SEAT CUSHION, POWERED	BR	BR	1/1/2005
E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT,	\$312.35	\$312.35	5/1/2005
E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT,	\$422.54	\$422.54	5/1/2005
E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY	\$393.04	\$393.04	5/1/2005
E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY	\$543.93	\$543.93	5/1/2005
E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, LATERAL, WIDTH LESS THAN 22	\$452.32	\$452.32	5/1/2005
E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, LATERAL, WIDTH 22 INCHES OR	\$608.58	\$608.58	5/1/2005
E2617	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE	BR	BR	1/1/2005
E2618	WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), FOR USE	\$153.68	\$153.68	8/1/2005
E2619	REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH	\$51.32	\$51.32	5/1/2005
E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH	\$574.76	\$574.76	5/1/2005
E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH	\$547.70	\$547.70	5/1/2005
E8000	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND	BR	BR	1/1/2005
E8001	GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES AND	BR	BR	1/1/2005
E8002	GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND	BR	BR	1/1/2005
K0001	STANDARD WHEELCHAIR	\$632.16	\$632.16	5/1/2004
K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	\$981.96	\$981.96	5/1/2004
K0003	LIGHTWEIGHT WHEELCHAIR	\$941.52	\$941.52	5/1/2004
K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	\$1,603.68	\$1,603.68	5/1/2004
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	\$1,817.84	\$1,817.84	5/1/2004
K0006	HEAVY DUTY WHEELCHAIR	\$1,504.92	\$1,504.92	5/1/2004
K0007	EXTRA HEAVY DUTY WHEELCHAIR	\$1,981.80	\$1,981.80	5/1/2004
K0009	OTHER MANUAL WHEELCHAIR/BASE	BR	BR	1/1/1994
K0010	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR	\$4,259.90	\$4,259.90	7/1/2004
K0011	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROGRAMMABLE CONTROL	\$4,915.80	\$4,915.80	7/1/2004
K0012	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR	\$3,015.50	\$3,015.50	7/1/2004
K0014	OTHER MOTORIZED/POWER WHEELCHAIR BASE	BR	BR	1/1/1994



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - DME

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	\$178.67	\$178.67	5/1/2004
K0017	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, EACH	\$50.25	\$50.25	5/1/2004
K0018	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, EACH	\$28.09	\$28.09	5/1/2004
K0019	ARM PAD, EACH	\$17.24	\$17.24	5/1/2004
K0020	FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR	\$45.67	\$45.67	5/1/2004
K0037	HIGH MOUNT FLIP-UP FOOTREST, EACH	\$48.16	\$48.16	5/1/2004
K0038	LEG STRAP, EACH	\$23.84	\$23.84	5/1/2004
K0039	LEG STRAP, H STYLE, EACH	\$52.99	\$52.99	5/1/2004
K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	\$73.41	\$73.41	5/1/2004
K0041	LARGE SIZE FOOTPLATE, EACH	\$52.05	\$52.05	5/1/2004
K0042	STANDARD SIZE FOOTPLATE, EACH	\$30.97	\$30.97	5/1/2004
K0043	FOOTREST, LOWER EXTENSION TUBE, EACH	\$19.20	\$19.20	5/1/2004
K0044	FOOTREST, UPPER HANGER BRACKET, EACH	\$16.37	\$16.37	5/1/2004
K0045	FOOTREST, COMPLETE ASSEMBLY	\$56.62	\$56.62	5/1/2004
K0046	ELEVATING LEGREST, LOWER EXTENSION TUBE, EACH	\$19.20	\$19.20	5/1/2004
K0047	ELEVATING LEGREST, UPPER HANGER BRACKET, EACH	\$75.18	\$75.18	5/1/2004
K0050	RATCHET ASSEMBLY	\$31.96	\$31.96	5/1/2004
K0051	CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, EACH	\$51.72	\$51.72	5/1/2004
K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	\$90.90	\$90.90	5/1/2004
K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	\$100.31	\$100.31	5/1/2004
K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH	\$93.51	\$93.51	5/1/2004
K0065	SPOKE PROTECTORS, EACH	\$43.71	\$43.71	5/1/2004
K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	\$98.23	\$98.23	5/1/2004
K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	\$180.11	\$180.11	5/1/2004
K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	\$107.41	\$107.41	5/1/2004
K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	\$64.66	\$64.66	5/1/2004
K0073	CASTER PIN LOCK, EACH	\$32.90	\$32.90	5/1/2004
K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	\$57.84	\$57.84	5/1/2004
K0105	IV HANGER, EACH	\$97.76	\$97.76	5/1/2004
K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED	BR	BR	1/1/1994
K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	BR	BR	1/1/1995
K0455	INFUSION PUMP USED FOR UNINTERRUPTED PARENTERAL ADMINISTRATION OF MEDICATION,	BR	BR	1/1/1998



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - DME

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
K0462	TEMPORARY REPLACEMENT FOR PATIENT OWNED EQUIPMENT BEING REPAIRED, ANY TYPE	BR	BR	1/1/2000
K0552	SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH	\$2.61	\$2.61	5/1/2004
K0601	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE,	\$1.10	\$1.10	5/1/2004
K0602	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE,	\$6.36	\$6.36	5/1/2004
K0604	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 3.6	\$6.09	\$6.09	5/1/2004
K0605	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4.5	\$14.60	\$14.60	5/1/2004
K0608	REPLACEMENT GARMENT FOR USE WITH AUTOMATED EXTERNAL DEFIBRILLATOR, EACH	\$121.21	\$121.21	5/1/2005
K0609	REPLACEMENT ELECTRODES FOR USE WITH AUTOMATED EXTERNAL DEFIBRILLATOR, GARMENT	\$806.09	\$806.09	5/1/2005
K0669	WHEELCHAIR ACCESSORY, WHEELCHAIR SEAT OR BACK CUSHION, DOES NOT MEET SPECIFIC CO	BR	BR	4/1/2004
K0730	CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM	BR	BR	7/1/2005
K0733	POWER WHEELCHAIR ACCESSORY, 12-14 AMP HOUR SEALED LEAD ACID BATTERY (E.G.GEL CEL	\$30.21	\$30.21	10/1/2006
K0734	SKIN PROTECTION WHEELCHAIR SEAT CUSHION ADJ. WIDTH LESS THAN 22 INCHES IN DEPTH	\$331.47	\$331.47	10/1/2006
K0735	SKIN PROTECTION WHEELCHAIR SEAT CUSHION ADJ. 22 IN OR GREATER IN. DEPTH	\$421.78	\$421.78	10/1/2006
K0736	SKIN PROTECTION/POSITIONING WHEELCHAIR SEAT CUSHION ADJ. WIDTH LESS THAN 22 IN.	\$334.19	\$334.19	10/1/2006
K0737	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION ADJ. 22 IN. WIDE OR MORE	\$423.06	\$423.06	10/1/2006
K0738	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL, HOME COMPRESSOR USED TO FILL CYLINDERS	BR	BR	10/1/2006
K0800	POWERED OPERATED VEHICLE GRP. 1 STD PT WT UP TO AND INCL. 300 LBS	\$1,292.77	\$1,292.77	4/1/2007
K0801	POWER OPER. VEH. GRP 1 HEAVY DUTY WEIGHT CAPACITY 301 TO 450 LBS	\$2,084.22	\$2,084.22	4/1/2007
K0802	POWER OPERATED VEHICLE, GRP 1 HVY DUTY, PT. WT. CAPACITY 461 TO 600 LBS	\$2,358.66	\$2,358.66	4/1/2007
K0806	POWER OPERATED VEHICLE, GRP. 2 STD, PATIENT WT CAPACITY UP TO/INCL 300 LBS	\$1,563.91	\$1,563.91	4/1/2007
K0807	POWER OPERATED VEHICLE GRP 2 PT WT CAP. 301 TO 450 LBS	\$2,373.05	\$2,373.05	4/1/2007
K0808	POWER VEHICLE GRP. 2 VERY HEAVY DUTY, PT. WEIGHT CAPACITY 451-600 LBS	\$3,671.60	\$3,671.60	4/1/2007
K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED	BR	BR	10/1/2006
K0813	POWER WHEELCHAIR GRP 1 STD. PORTABLE SLING/SOLID SEAT & BACKUP TO/INCL 300 LBS	BR	BR	10/1/2006
K0814	POWER WHEELCHAIR, GRP 1 STANDARD PORTABLE CAPTAINS CHAIR - CAP. UP TO 300 LBS.	BR	BR	10/1/2006



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - DME

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
K0815	POWER WHEELCHAIR GRP 1, STD. SLING/SOLID SEAT & BACK CAP TO & INCL. 300 LBS	BR	BR	10/1/2006
K0816	POWER WHEELCHAIR, GRP 1 STD. CAPTAINS CHAIR PT. WT CAP. UP TO & INCL. 300 LBS.	BR	BR	10/1/2006
K0820	POWER WHEELCHAIR, GRP 2 STD, PORTABLE PT. WEIGHT CAP. UP TO & INCL. 300 LBS	BR	BR	10/1/2006
K0821	POWER WHEELCHAIR, GRP 2 STD. PORTABLE, CAPTAINS CHAIR PT WT.UP TO/INCL. 300 LBS.	BR	BR	10/1/2006
K0822	POWER WHEELCHAIR, GRP 2 STD, SLING/SOLID SEAT/BACK-PT. WT. UP TO/INCL. 300 LBS.	BR	BR	10/1/2006
K0823	POWER WHEELCHAIR, GRP 2 STD/ CAPTAINS CHAIR, PT WEIGHT CAP UP TO/INCL 300 LBS	BR	BR	10/1/2006
K0824	POWER WHEELCHAIR, GRP 2, HEAVY DUTY, SLING/SOLID SEAT/BACK, PT. WT. 301-450 LBS	BR	BR	10/1/2006
K0825	POWER WHEELCHAIR, GRP. 2 HEAVY DUTY, CAPTAINS CHAIR, PT. WGT CAP. 451-600 LBS.	BR	BR	10/1/2006
K0826	POWER WHEELCHAIR, GRP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK PT WT CAP 451-600	BR	BR	10/1/2006
K0827	POWER WHEELCHAIR, GRP 2, VERY HEAVY DUTY, CAPTAINS CHAIR, PTWT. 451-600 LBS.	BR	BR	10/1/2006
K0828	POWER WHEELCHAIR, GRP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK PT. WT. 600#	BR	BR	10/1/2006
K0829	POWER WHEELCHAIR, GRP. 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR,PTWT CAP. 601# OR MORE	BR	BR	10/1/2006
K0830	POWER WHEELCHAIR, GRP 2,STD SEAT ELEVATOR SLING/SOLID SEAT/BACK PT. WT UP TO 300	BR	BR	10/1/2006
K0831	POWER WHEELCHAIR, GRP 2 STD SEAT ELEVATOR, CAPTAINS CHAIR WTCAP UP TO/INCL 300#	BR	BR	10/1/2006
K0835	POWER WHEELCHAIR, GRP 2 STD, SINGLE POWER OPTION SLING/SOLIDSEAT/BACK-300# CAP	BR	BR	10/1/2006
K0836	POWER WHEELCHAIR, GRP 2 STD. SINGLE POWER OPTION, CAPTAINS CHAIR WT CAP 300#	BR	BR	10/1/2006
K0837	POWER WHEELCHAIR GRP 2 HEAVY DUTY SINGLE POWER OPTION, SLING/SOLD SEAT/BACK 450#	BR	BR	10/1/2006
K0838	POWER WHEELCHAIR, GRP 2 HVY DUTY SINGLE POWER OPTION, CAPT. CHAIR CAP 301-450#	BR	BR	10/1/2006
K0839	POWER WHEELCHAIR GRP 2 VERY HEAVY DUTY SINGLE POWER OPTION CAP 451 TO 600 LBS	BR	BR	10/1/2006
K0840	POWER WHEELCHAIR GRP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTIONPT. WT. 601# OR MORE	BR	BR	10/1/2006
K0841	POWER WHEELCHAIR GRP 2 STD MULTIPLE POWER OPTION SLING/SOLD SEAT/BACK CAP. 300#	BR	BR	10/1/2006
K0842	POWER WHEELCHAIR GRP 2 STD MULTIPLE POWER OPTION CAPT. CHAIRWHT CAP 300 LBS.	BR	BR	10/1/2006
K0843	POWER WHEELCHAIR GRP 2 HVY DUTY MULTIPLE POWER OPTION SLING/SOLID SEAT/BACK 450#	BR	BR	10/1/2006
K0848	POWER WHEELCHAIR GRP 3 STD SLING/SOLID SEAT/BACK PT WT. CAP UP TO/INCL. 300 LBS.	BR	BR	10/1/2006
K0849	POWER WHEELCHAIR, GRP 3 STD, CAPTAINS CHAIR PT WT UP TO AND INCL 300 LBS.	BR	BR	10/1/2006



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - DME

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
K0850	POWER WHEELCHAIR GRP 3 HVY DUTY SLING/DOLID SEAT/BACK PT WT CAP 301 TO 450 LBS.	BR	BR	10/1/2006
K0851	POWER WHEELCHAIR, GRP 3 HVY DUTY, CAPTAINS CHAIR, PT. WT CAP301 TO 450 LBS.	BR	BR	10/1/2006
K0852	POWER WHEELCHAIR, GRP 3 VERY HVY DUTY SLING/SOLID SEAT/BACK WT CAP. 451-600 LBS	BR	BR	10/1/2006
K0853	POWER WHEELCHAIR GRP 3 VERY HVY DUTY CAPTAINS CHAIR PT WT CAP 451-600 LBS	BR	BR	10/1/2006
K0854	POWER WHEELCHAIR, GRP 3 EX. HVY DUTY SLING/SOLID SEAR/BACK PT WT. 601# OR MORE	BR	BR	10/1/2006
K0855	POWER WHEELCHAIR, GRP 3, EX. HVY DUTY CAPTAINS CHAIR PT WT CAP 601# OR MORE	BR	BR	10/1/2006
K0856	POWER WHEELCHAIR, GRP 3 STD. SINGLE POWER OPTION SLING/SOLIDSEAT/BACK-CAP 300#	BR	BR	10/1/2006
K0857	POWER WHEELCHAIR, GRP 3 STD SINGLE POWER OPTION CAPTAINS CHAIR WT CAP 300 LBS.	BR	BR	10/1/2006
K0858	POWER WHEELCHAIR GRP 3 HVY DTY SINGLE POWER OPT. SLING/SOLIDSEAT/BACK-301-450#	BR	BR	10/1/2006
K0859	POWER WHEELCHAIR, GRP 3 HVY DUTY SINGLE POWER OPTION CAPTAINS CHAIR WT 301-450#	BR	BR	10/1/2006
K0860	POWER WHEELCHAIR, GRP 3 VRY HVY DUTY SINGLE POWER OPTION-SLING/SOLID-CAP 451-600	BR	BR	10/1/2006
K0861	POWER WHEELCHAIR, GRP 3 STD. MULTI POWER OPT. SLING/SOLID SEAT;BACK - CAP 300#	BR	BR	10/1/2006
K0862	POWER WHEELCHAIR, GRP 3 HVY DUTY MULTIPLE POWER OPTION SLING/SOLID-301-450 LBS.	BR	BR	10/1/2006
K0863	POWR ER WHEELCHAIR, GRP 3 VRY HVY DUTY MULTI POWER OPTION - PT. WEIGHT 451-600#	BR	BR	10/1/2006
K0864	POWER WHEELCHAIR GRP 3 EX. HVY DUTY MULTI POWER OPTION - PT WHT 601# OR MORE	BR	BR	10/1/2006
K0868	POWER WHEELCHAIR, GRP 4 STD. SLING/SOLID SEAT/BACK - PT WT. UP TO & INCL. 300#	BR	BR	10/1/2006
K0869	POWER WHEELCHAIR, GRP 4, STD. CAPTAINS CHAIR-PT WHT CAP UP TO & INCL. 300 LBS	BR	BR	10/1/2006
K0870	POWER WHEELCHAIR GRP 4 HVY DUTY SLING/SOLID SEAT/BACK PT WT CAPACITY 301-450 LBS	BR	BR	10/1/2006
K0871	POWER WHEELCHAIR, GRP 4 VERY HVY DUTY, SLING/SOLID SEAT/BACKPT WT. CAP 451-600#	BR	BR	10/1/2006
K0877	POWER WHEELCHAIR, GRP 4 STD. SINGLE POWER OPTION, SLING/SOLID SEAT/BACK-300# CAP	BR	BR	10/1/2006
K0878	POWER WHEELCHAIR, GRP 4 STD. SINGLE POWER OPTION, CAPT. CHAIR WT. UP TO 300#	BR	BR	10/1/2006
K0879	POWER WHEELCHAIR, HVY DUTY, SINGLE POWER OPTION SLING/SOLID SEAT BACK 301-450#	BR	BR	10/1/2006
K0880	POWER WHEELCHAIR GRP 4 VERY HVY DUTY, SINGLE POWER OPTION PT WT. 451-600 LBS.	BR	BR	10/1/2006
K0884	POWER WHEELCHAIR, GRP 4 STD. MULTIPLE POWER OPTION PT WT CAP UP TO 300 LBS.	BR	BR	10/1/2006
K0885	POWER WHEELCHAIR, GRP 4 STD MULT. POWER OPTION, CAPT. CHAI R - CAP. TO 300#	BR	BR	10/1/2006



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2006 Rate Codes - DME

PROC	DESCRIPTION	NON FAC RATE 2006	FAC RATE 2006	EFF DATE
K0886	POWER WHEELCHAIR GRP 4 HVY DUTY MULTIPLE POWER OPTION - PT WT. CAP 301-450 LBS.	BR	BR	10/1/2006
K0890	POWER WHEELCHAIR GRP 5 PED. SINGLE POWER OPTION SLING/SOLID SEAT/BACK-WT TO 125#	BR	BR	10/1/2006
K0891	POWER WHEELCHAIR GRP 5 PED. MULTIPLE POWER OPTION SLING/SOLID SEAT/BACK 125# CAP	BR	BR	10/1/2006
K0898	POWER WHEELCHAIR NOT OTHERWISE CLASSIFIED	BR	BR	10/1/2006
K0899	POWER MOBILITY DEVICE, NOT CODED BY SADMERC OR DOES NOT MEETCRITERIA	BR	BR	10/1/2006
Q0036	OXYGEN CONCENTRATOR, HIGH HUMIDITY	BR	BR	1/1/2001